

QUESTIONNAIRE TO APPLICATION FOR FEDERAL EMPLOYMENT

Name (Last, First, Middle): _____

1. Are you a U.S. Forces Dependent? ____ Yes ____ No

If **YES**, please check/complete a thru j: ____ Dependent of Military ____ Dependent of Civilian

a. Rank/Grade and Name of Sponsor: _____

Duty Station of Sponsor: _____ Duty Phone: _____

b. Date married to sponsor: _____

c. If civilian, does sponsor have Transportation Agreement? ____ Yes ____ No

d. Are you applying for Military Spouse Preference? ____ Yes ____ No

Although you may check "NO" or leave this item blank, if you are placed into or decline a "continuing" position in either the appropriate fund (AF) or non-appropriate fund (NAF), you will no longer be eligible for military spouse preference.

e. Have you been employed or declined a job offer for an AF or NAF permanent position since you arrived in this area? (This indicates temporary positions of 1 year or longer in duration).

____ Yes ____ No

f. Departure date from the United States? Sponsor: _____ Spouse: _____

g. Expected departure date from Japan? Sponsor: _____ Spouse: _____

h. Legal address in the U.S. A.: _____

i. Resident address in local area: _____

j. Mailing address: _____

2. If you are NOT a U.S. Forces Sponsor/Dependent under SOFA, what type of Visa do you have?

VISA Passport Number Expiration Date

3. Were you formerly or are you presently employed in a civilian capacity with the U.S. Government?

a. ____ Yes ____ No

AF appointment:

____ Career ____ Career Conditional ____ Excepted ____ VRA

____ Family Member ____ Temporary ____ Overseas limited

NAF appointment:

MWR: PST/DEP: ____ FT ____ PT ____ Flex

PST/SOFA: ____ FT ____ PT ____ Flex MIL: ____ PT ____ Flex

NEX: ____ REG FT/PROB ____ REG PT/PROB ____ FLEX/PERM

____ ENLISTED FLEX/PERM ____ TEMPORARY

Attach a copy of your last Notification of Personnel Action (SF-50), NEX personnel Action Form, or MWR Personnel Action Report (PAR) (Excluding: Awards and Corrections).

b. Are you currently on Leave Without Pay? ____ Yes ____ No

If **YES**, attach copy of LWOP SF-50/Equivalent NAF Form

c. Beginning and ending dates of last **Government employment:**

From: _____ To: _____ Grade: _____ Step: _____

d. Your last job title/series grade: _____

4. Do you have a Notice of Rating from the Office of Personnel Management? ____ Yes ____ No
Need to attach.

5. Will you work in Atsugi ? ____ Yes ____ No Kamiseya ? ____ Yes ____ No

6. Are you willing to work: 40 hrs/wk (full-time) ____ Yes ____ No; 16 –32 hrs/wk (part-time) ____ Yes ____ No

An intermittent job (on-call/Seasonal) ____ Yes ____ No; Weekends, shifts, rotating shifts ____ Yes ____ No

7. Are you willing to take a temporary job lasting: 1 – 5 months ____ Yes ____ No; 6-12 months ____ Yes ____ No

8. Are you willing to travel away from home: ____ Yes ____ No

MILITARY SPOUSE shall be given preference in employment when filling vacancies competitively through either internal or external placement in all positions at grade level GS-1 through GS-15 and below (or equivalent) located in the same commuting area as the member's permanent duty station. To receive preference, the spouse must be in the area of consideration (competitive) and included among persons determined to be best qualified for the position. Preference shall be terminated on placement into, or declination of, any continuing position that is expected to continue for at least 1 year including temporary position in either the appropriated or NAF (NEX/MWR) work forces, whether or not preference was applied. Spouse preference may be exercised no more than one time per permanent relocation of the military sponsor.

FAMILY MEMBERS shall be given preference in employment when filling positions competitively at the GS-1 through GS-15 level and equivalent, through external placement procedures in the absence of a military spouse entitled to preference in employment. This preference shall apply only to initial employment into a continuing position including temporary positions of more than 1 year at each duty location. Family members preference shall not be given when doing so shall contravene existing statutes or regulations on veteran's preference or nepotism.

FAMILY MEMBERS/MILITARY SPOUSE: Attach a copy of Sponsor's original and extension orders (if applicable).

APPLICATION/RESUME CHECKLIST

We are providing the following checklist to assist us in making timely and accurate qualification determinations. Please check your application/resume to make sure that the following information has been provided;

- ☐ Job Title/Vacancy Announcement No.
- ☐ Name/Address
- ☐ Home/Work Phone Number
- ☐ DOB: _____
- ☐ Place of Birth: _____
- ☐ Social Security Number
- ☐ Employer's Name/Address
- ☐ Starting/Ending Dates (Month/Year)
- ☐ Hours Per Week
- ☐ Salary (Hourly/Annually)
- ☐ Supervisor's Name/Phone Number
- ☐ Work Experience (Show % worked for each major Duty/Function)
- ☐ Number of words per minute you can type (If O/A position) Typing Speed (_____ WPM)
- ☐ College Transcript(s), if Required/Applicable
- ☐ Copy of License(s), If Required.
- ☐ Latest copy of SF-50 (Notification of Personnel Action)
- ☐ Copy of NEX Personnel Action Form
- ☐ Copy of MWR Personnel Action Form
- ☐ Copy of Latest Performance Appraisal
- ☐ Statement of Selective Service Registration Status (Male applicants age 18-26 only)
- ☐ SF-15 (Application for 10 point Veteran's Preference, Plus required Documentation).
- ☐ DD-214 (Certificate of Release or Discharge from Active Duty)
- ☐ For military members applying within 120 days of separation date:
- ☐ Copy of Separation Orders or Statement of Service
- ☐ Copy of List of Campaign Expedition Medals from the Service Record

I hereby certify that all of my statements are true, correct, complete, and made in good faith, and that I have reviewed my application/resume for the above information.

SIGNATURE DATE